



**City of Calexico**  
**Public Works Department**  
*Engineering Division*  
608 Heber Avenue  
Calexico, CA 92231  
Tel: 760.768.2100  
Fax: 760.768.0854  
[engineering@calexico.ca.gov](mailto:engineering@calexico.ca.gov)

## REQUEST & REVIEW APPLICATION FORM

### APPLICANT:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Fax Number: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### PROPERTY OWNER:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Fax Number: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### CIVIL ENGINEERING COMPANY:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Fax Number: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
State Registration Number: \_\_\_\_\_

### SOILS ENGINEERING COMPANY:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Fax Number: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
State Registration Number: \_\_\_\_\_

☐ Please check this box if you are willing to receive staff reports via email. If this box is not checked, staff reports will not be sent via US Mail.

### Please check all that apply

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Annexation Map                           | <input type="checkbox"/> Final Map           | <input type="checkbox"/> Lot Merger                  |
| <input type="checkbox"/> Site Plan                                | <input type="checkbox"/> Parcel map          | <input type="checkbox"/> Street/Alley (ROW) Vacation |
| <input type="checkbox"/> Improvement & Grading Plan               | <input type="checkbox"/> Record of Survey    | <input type="checkbox"/> Reversion to Acreage Map    |
| <input type="checkbox"/> Inspection – Improvement & Grading Plans | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Other                       |

### DEPOSIT FEE FOR DOCUMENT REVIEW

**\$ 250.00**

**PROJECT TITLE:** \_\_\_\_\_

**GENERAL LOCATION OF PROJECT / ADDRESS:** \_\_\_\_\_

**ASSESSOR'S PARCEL NUMBER:** \_\_\_\_\_ **LOT No.(S):** \_\_\_\_\_

**BLOCK(S):** \_\_\_\_\_ **SUBDIVISION:** \_\_\_\_\_

### PROJECT INFORMATION:

Zoning: \_\_\_\_\_ General Plan Designation: \_\_\_\_\_  
Acreage/Linear Miles: \_\_\_\_\_ Number of Buildings/Units if Applicable: \_\_\_\_\_

**PROJECT DESCRIPTION (Attach a separate sheet if needed):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT:** *I hereby certify that the information furnished above is accurate, true, and correct to the best of my knowledge or belief.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type / Print Name: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type / Print Name: \_\_\_\_\_

*\*\* By signing the above, owner consents to the processing of the above request by the applicant. A letter of authorization from the owner may be submitted in lieu of the property owner's signature.*

**\*\*\* For fees see Development Services Department Fee/Deposit Schedule Adopted by City Council Ordinance No. 1102, September 22, 2009\*\*\***

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### FOR OFFICE USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

CRA Number: \_\_\_\_\_ Project Planner: \_\_\_\_\_

Uniform Application No.: \_\_\_\_\_ Development Review No.: \_\_\_\_\_